

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

**REQUEST FOR PATENT FEE REFUND**

1 Date of Request: <u>10/8/03</u>		2 Serial/Patent # <u>09/173,582</u>		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input type="checkbox"/>	Filing			\$
<input type="checkbox"/>	Amendment			\$
<input type="checkbox"/>	Extension of Time			\$
<input type="checkbox"/>	Notice of Appeal/Appeal			\$
<input checked="" type="checkbox"/>	Petition	14.	<u>9/15/03</u>	\$ 130
<input type="checkbox"/>	Issue			\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/>	Maintenance			\$
<input type="checkbox"/>	Assignment			\$
<input type="checkbox"/>	Other			\$
		7 TOTAL AMOUNT OF REFUND	\$ 130	
10 REASON:		8 TO BE REFUNDED BY:		
<input type="checkbox"/>	Overpayment	<input type="checkbox"/>	Treasury Check	
<input checked="" type="checkbox"/>	Duplicate Payment	<input checked="" type="checkbox"/>	Credit Deposit A/C #: 9, <span style="border: 1px solid black; padding: 2px;">50--0251</span>	
No Fee Due (Explanation):				
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: <u>E Shirene Willis</u>		TITLE: <u>Pat Atty</u>		
SIGNATURE: <u>E Shirene Willis</u>		PHONE: <u>308-6712</u>		
OFFICE: <u>Office of Petitions</u>				
***** THIS SPACE RESERVED FOR FINANCE USE ONLY *****				
APPROVED: <u>Debra Kelly</u>		DATE: <u>10/14/03</u>		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance  
Refund Branch  
Crystal Park One, Room 802B